

Employee Blood/Body Fluid Exposure & Testing Summary

Employee Name: _____

Job title: _____

Work area: _____

SS#: _____

Employed: Full time Part time

contract

Completed Hepatitis B vaccine? No

Results of previous Anti-HBs:

Pos Neg N/A

Exposure History: (complete or check applicable items throughout)

Date and Time of Exposure: _____

Wound Care/First Aid Administered: _____

Was applicable personal protective equipment (i.e., gloves, masks, etc.) used? Yes No

Type of Exposure:

- A. Sharp: needle lancet broken glass other(describe): _____
 Clean (sterile) Contaminated with blood/body fluids
Visible blood on sharp? Yes No Used for vascular access? Yes No
Deep injury? Yes No Blood injected into HCP? Yes No
- B. Mucous Membrane: eye mouth nose
- C. Body Fluid: blood vaginal secretions sputum vomitus urine wound drainage other
- D. Human Bite (describe): _____
- E. Open Wound Contamination (describe): _____
- F. Other (describe): _____

Source Person:

Name: _____

SS#: _____

Clinical diagnosis and blood borne pathogen risk factors: _____

Check if person is known to have: HIV-AIDS Hepatitis B Hepatitis C

Date of source person testing at time of exposure incident: _____

HIV test: pos neg

HBsAg: pos neg

HCV Antibody: pos neg

Employee/Health Care Personnel Counseling:

- Risk of acquiring blood borne pathogen from occupational exposure
 Report and seek medical evaluation for any acute flu-like illness
 Information and assistance re: HIV Post- Exposure Prophylaxis (PEP) Protocol
 Potential for baseline and follow-up serologic testing (see next page)
 Observe "safer sex" practices for six (6) months following exposure from high-risk source
 Identify and correct work practices, engineering/equipment controls, or PPE problems to avoid recurrence

Is employee starting HIV PEP medications? Yes No

Employee Signature: _____

Date: _____

Employee Health Nurse/
Designee Signature: _____

Date: _____

SCDDSN Health Care Personnel Blood/Body Fluid Post-Exposure Testing Schedule:

Baseline and follow-up testing of exposed Health Care Personnel, as outlined below, is indicated **ONLY** if the source patient:

- a) tests positive for any of the following blood borne pathogens **or**
- b) serostatus is unknown **or**
- c) identity is unknown

The Employee Health Nurse should omit Health Care Personnel testing for a specific pathogen if the source person tests negative or is known to be negative for that specific pathogen (i.e., negative HBsAg for HBV) at the time of exposure or within the previous month (unless the person has a history of recent high risk behaviors and may be in the window period for HIV or HCV [1-6 months], in which case medical consultation is necessary). Health Care Personnel testing for syphilis (RPR) at baseline and six (6) week follow-up is done **ONLY** if source person is documented to have untreated primary or secondary syphilis at the time of the Health Care Personnel exposure, and the Health Care Personnel receives syphilis post-exposure prophylaxis (i.e., 2.4 million units L.A. Bicillin).

When indicated, test Health Care Personnel for : Schedule: (document date drawn)	HIV: (also see Appendix E, Post Exposure Prophylaxis Protocol for additional test for Health Care Personnel on HIV PEP; obtain medical consult	Hepatitis C Virus(HCV)	Hepatitis B Virus (HBV) (baseline & follow-up testing <u>unnecessary</u> if Health Care Personnel has documented +Anti-HBs
Baseline* Date: _____ Result: _____	HIV Antibody pos _____ neg _____	HCV antibody pos ___ neg ___ ALT= _____ normal M: 0-40, F: 0-31	HBsAg & HBsAb (only if Health Care Personnel is a known "non responder" to Hepatitis B vaccine or if response is unknown)• pos _____ neg _____
6 weeks:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____		HBsAg pos _____ neg _____
12 weeks:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____		HBsAg pos _____ neg _____
6 months:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____	HCV Antibody pos _____ neg _____ Alt _____	HbsAg Date: _____ pos _____ neg _____
12 months:* Date: _____ Result: _____	HIV Antibody pos _____ neg _____	HCV Antibody pos _____ neg _____ Alt _____	No Test

Employee Health Nurse may perform additional tests periodically (i.e., HIV at 18 weeks and/or 9 months) if indicated for medical management or if recommended by medical consultant (i.e., if Health Care Personnel is symptomatic or for reassurance if Health Care Personnel is anxious).

- If source patient documented to have a +HBsAg, **AND IF** Health Care Personnel has never had Hepatitis B vaccine series, give one dose of HBIG and begin the Hepatitis B vaccine series. If the Health Care Personnel is a known non-responder (i.e., has had negative anti-HBs after complete Hepatitis B vaccination series, even with up to 3 boosters), then give Health Care Personnel two doses of HBIG one month apart. If the Health Care Personnel received only three (3) vaccinations previously and has no documented Anti-HBs, give HBIG once, plus initiate revaccination series. See CDC, MMWR, Vol.46, No.RR-18, 12-26-97, p.23. Retest HBsAg as above and Anti-HBs 1-2 months after completion of series.
- **Obtain medical consultation immediately if any test is reported positive/abnormal.**

Continuation Notes: _____